

Attorney or Party name, Address, Telephone and FAX Nos, State Bar No. & Email Address  Gary Polston Gary Polston 219992 15635 Alton Parkway, Suite 300 IRVINE, CA 92618  (714) 532-3909 FAX (714) 532-3996 gmp@polstonlaw.com  <input type="checkbox"/> Debtor appearing without an attorney <input type="checkbox"/> Attorney for Debtor(s)	FOR COURT USE ONLY
<b>UNITED STATES BANKRUPTCY COURT</b> <b>CENTRAL DISTRICT OF CALIFORNIA SANTA ANA DIVISION</b>	
In re:  Patrick Friedlich          Debtor(s)	CASE NO: CHAPTER: 7  <b>DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE</b>  [11 U.S.C. § 521(a)(1)(B)(iv)]

Debtor(s) provided the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

**During the 60-day period before the Petition Date (Check only ONE box below):**

☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. *(If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration)*

☒ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 10/30/2018

Patrick Friedlich

Printed name of Debtor 1

  
Signature of Debtor 1

Declaration of Debtor 2 (joint Debtor)(If applicable)

This form is mandatory. It has been approved for use by the United States Bankruptcy Court for the Central District of California.

2. ☐ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

**During the 60-day period before the Petition Date** (Check only ONE box below):

- ☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. *(If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration)*
- ☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: \_\_\_\_\_  
Printed name of Debtor 2 Signature of Debtor 2

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